

Community Services & Programs
Commission
New England Building
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Topeka, KS 66603-3404

Shawn Sullivan, Secretary
Gina Meier-Hummel, Commissioner



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Sam Brownback, Governor

Parent Fee Program – Request for Fee Variance

(Print in Black or Blue Ink)

INFORMATION OF INDIVIDUAL RESPONSIBLE FOR FEE PAYMENT

Parent/Guardian Name: _____ Social Security Number: _____

Address: _____ City, State & Zip: _____

Daytime Phone Number: _____ E-mail: _____

Name of Child: _____ Relationship to Child: _____

FEE VARIANCE REQUEST (If any question does not apply to your situation write “does not apply”)

Amount of Fee Variance Requested:

- ☐ Entire Fee Waiver Request (hardship)

Examples of hardships include: Homelessness, loss of income that drops the family income to less than 200% of the FPL; high health care costs not covered by insurance; or costly damage to home or property (\$1,000 or more) not covered by insurance; etc.

- ☐ Fee Reduction Request (significant change)

Example of significant changes include: An increase in family size due to the birth of a child; loss of a job; or an income drop of 20 % or more; etc.

1) What is the significant change in circumstances, or hardship?

2) What are the consequences and impact of the resulting financial burden?

3) What are the unusual, average monthly costs that are above and beyond the typical costs faced by families with a child with a disability as a result of the burden or hardship? Itemize and describe each need.

Itemize the Product or Service				
Average Monthly Cost for Product or Service				

4) Is the family experiencing deprivation of essential needs like food, clothing, or shelter? Please give an explanation.

5) Estimate how long the deprivation or burden is likely to continue.

☐ 3-6 months

☐ 6 months -1 year

☐ 1 year or more

☐ specific date

If you marked specific date, please specify here: _____

6) Per Tax Return Adjusted Gross Income: \$_____ Tax Year: _____

Estimate Current Year's AGI (include any severance package): _____

Please attach any additional supporting documents to this form.

Examples of items to include that support your request: Divorce decree, child custody arrangement, unemployment determination, updated tax information, current pay check stubs, etc.

KDADS may request additional information to consider a Fee Variance Request.

The information I have given is true to the best of my knowledge.

Print Name

Signature/Certification

Date

(Mail this form to the address at the top of page 1. For additional questions, please contact KDADS at 785-296-4986.)

For Internal Use Only

Medicaid #: _____

Granted a Fee Variance: ____Yes ____No

Modified Fee Amount: _____

Parent Fee Coordinator Signature: _____

Date: _____